

*This notice is required by the Health Insurance Portability and Accountability Act of 1996, as amended. It describes how medical information about you may be used and disclosed by the group health plans noted above and how you can get access to this information.*

**NOTICE OF PRIVACY PRACTICES**

This notice describes the medical information practices of group health plan portions of the LLNS Health and Welfare Benefit Plan for Employees and the LLNS Health and Welfare Benefit Plan for Retirees (hereinafter referred to collectively as the "Plan"), and that of any party that assists in the administration of Plan claims. Any reference in this Notice to we, us or our refers to the Plan alone and not to Lawrence Livermore National Security, LLC ("LLNS").

**PLEASE NOTE:** The vast majority of your medical information resides with your medical providers and our business vendors (which provide services to the plans listed above). To access the information contained in their files, we strongly urge you to contact the provider or vendor directly. The vendor's address or phone number is listed on your Member ID Card.

Also, if Plan benefits are being provided by an insurance company, or if you are covered by a group health plan other than the plan(s) listed above, a notice of privacy practices applicable to that insurer or plan, respectively, should be provided directly to you by that entity.

**PLAN PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal, and we intend to protect the confidentiality of that information. The Plan, similar to your doctor, must create a record of the health care claims you or your doctor submits for payment. These records are used to administer the Plan.

This notice applies to all of the medical records we maintain. While your personal doctor or health care provider may have different policies regarding his/her use and disclosure of your medical information, this notice will tell you about the ways in which your Plan intends to use and disclose medical information about you. It also describes our obligations and your rights regarding such use and disclosure. The Plan is required by law to reasonably ensure that medical information that identifies you is kept private, including taking steps to protect the confidentiality and integrity of electronically-maintained information. We will implement and maintain reasonable and appropriate administrative, technical and physical safeguards that protect against the unauthorized use or disclosure of medical information about you that is maintained in electronic format. Any security incidents will be reported to the Plan's Privacy Officer and appropriate employment sanctions will be imposed.

In furtherance of that effort, we are giving you this notice regarding medical information about you we use for the administration and operation of the Plan, and we expect to follow the terms of this notice now and in the future.

**HOW THE PLAN USES AND DISCLOSES MEDICAL INFORMATION**

The following categories describe different ways that the Plan uses and discloses medical information. While not every use or disclosure in a category will be listed, these describe all of the ways we are permitted to use and disclose information without your authorization.

**For Treatment.** The Plan may use or disclose medical information about you to help your doctors provide you with medical treatment. To that end, we may disclose your medical information to all medical providers who are involved in taking care of you.

For example, if asked by the pharmacist, we might disclose information about your prior prescriptions if he/she needs it to determine if a pending prescription would be harmful to you in light of your other prescriptions. If asked by your doctor, we, or one of the Plan service providers, might disclose your medical history in order to help him/her provide the most appropriate treatment for your medical condition, or to help determine whether a proposed treatment is experimental, investigational, or medically necessary.

**For Payment.** The Plan may use or disclose information about you to determine your eligibility for benefits, pay the Plan's portion of the medical bill, determine benefit responsibility under the Plan, or coordinate Plan coverage with benefits you may be receiving from another plan. *Note, while we may use your personal information to determine your eligibility for Plan benefits, your eligibility for coverage under the Plan is not dependent upon your health status.*

For example, we may tell your health care provider about your medical history to determine whether and how much the Plan will pay for your treatment. We may also share medical information with a utilization review or pre-certification service provider to help them maximize the benefits available to you. We may share medical information with another party at our discretion to assist with the adjudication or subrogation of health claims, or to another health plan to coordinate benefit payments. Likewise, we may share medical information with certain LLNS employees or employees of third parties to process and respond to benefit plan appeals.

**For Health Care Operations.** The Plan may use and disclose medical information about you for other necessary Plan operations.

For example, we may use our participants' medical information to conduct quality assessment and improvement activities, underwrite the Plan's financial risks and/or other activities relating to Plan coverage. We are prohibited from using or disclosing our participants' protected health information that is genetic information for underwriting purposes. We may also use your medical information to conduct or arrange for medical review, legal services, audit services, fraud and abuse detection programs, and business planning and development such as cost management, business management and general Plan administrative activities.

**SPECIAL SITUATIONS**

The following situations describe special circumstances where the Plan may also release your medical information without your authorization, subject to all applicable legal requirements and limitations.

**As Required By Law.** The Plan must disclose medical information about you when required to do so by federal, state or local law.

For example, we may disclose medical information to the federal Department of Health & Human Services, or the Centers for Disease Control.

**To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

For example, we may disclose medical information about you in a proceeding regarding the licensing, or the revocation of a license, of a physician. Also, if you were to contract a serious illness that might pose a threat to public safety, we may disclose your information to the proper authorities.

**Disclosure to Other LLNS Health Plans.** Your Plan is made up of different benefit options depending on the geographic location in which you work. Should you transfer to a different location, your information may be disclosed to the responsible party administering the relevant Plan option (including, but not limited to, disclosure to an insurance carrier and/or HMO). This will be done to assist in treatment, payment, and health care operations. In addition, minimum necessary access to your medical information may be given to LLNS personnel (such as the Privacy Officer, human resources staff, an accountant, or a computer programmer) for the purpose of ensuring the continued existence and administering the benefits of the Plan.

**Organ and Tissue Donation.** If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose medical information about you for public health activities, including but not limited to the following:

- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; or,
- to notify a government authority if we believe a person has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose medical information to a federal or state health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, subject to all legal requirements.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a hospital; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others.** We may disclose protected health information to authorized Federal officials for the provision of protective services to the President or other persons authorized by law or to foreign heads of state or other persons authorized by law, or for the conduct of investigations of threats against the President or certain other persons specified by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**OTHER USES AND DISCLOSURE OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your specific, written authorization.

We also will not use or disclose your health information for the following purposes without your specific, written authorization.

- **For our marketing purposes.** This does not include face-to-face communication about products or services that may be of benefit to you and about prescriptions you have already been prescribed.
- **For the purpose of selling your health information.** We may receive payment for sharing your information for, as an example, public health purposes, research, and releases to you or others you authorize us to release your information to, as long as payment is reasonable and related to the cost of providing your health information.
- **Any disclosures of your psychotherapy notes.** These are the notes that your behavioral health provider maintains that record your appointments with your provider and are not stored with your medical record.

If you provide an authorization to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care and benefits provided to you. Furthermore, you should be aware that any disclosure we make pursuant to your authorization strips that information of the protection of the Plan's privacy guidelines

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as psychotherapy notes, HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment, and healthcare operations.

**USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information the Plan maintains about you:

***Right to Inspect and Copy.*** You have the right to inspect and copy medical information that may be used to make decisions

about your Plan benefits. To do this, you must submit your request in writing via U.S. Postal Service to the HIPAA Privacy Officer at the address listed at the end of this Notice.

Your request must include your name, Social Security number, work and home addresses and telephone numbers in order to receive a response. You must also identify the name of the health plan to which your inquiry applies and be specific about the time period and subject for which you are requesting information.

If you request a copy of the information, we may charge a fee for the costs of compiling, copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, we will tell you why and you may request a review of the denial.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, you must provide a reason for your request, and the request must be made in writing and submitted via U.S. Postal Service to the HIPAA Privacy Officer at the address listed at the end of this Notice.

**We are not required to agree to your request.**

We may deny the request for an amendment if it is not in writing or does not include a valid reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing via U.S. Postal Service to the HIPAA Privacy Officer at the address listed at the end of this Notice.

Your request must state a time period in which the disclosures occurred, but may not be longer than six years from the date of your request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone (other than a medical provider) who is involved either in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**We are not required to agree to your request.** If we do agree with your request, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

**We are required to agree to your request** if you pay for treatment, services, supplies and prescription "out of pocket" and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required by law to release this information.

To request restrictions, you must make your request in writing via U.S. Postal Service to the HIPAA Privacy Officer at the address listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We are not required to adopt special mailing instructions such as registered or certified mail.

To request confidential communications, you must make your request in writing via U.S. Postal Service to the HIPAA Privacy Officer at the address listed at the end of this Notice.

While we will not ask you the reason for your request, the Plan will only accommodate reasonable requests. Your request must specify how and where you wish to be contacted.

**Right to a Copy of This Notice.** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon your request.

To request a copy of this notice, you must make your request in writing via U.S. Postal Service to the HIPAA Privacy Officer at the address listed at the end of this Notice.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You will be provided a new notice within 60 days if there is a material revision.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the federal Department of Health and Human Services. To file a complaint with the Plan, contact in writing via U.S. Postal Service:

**Plan Administrator  
LLNS  
7000 East Avenue, L-640  
Livermore, CA 94550**

You will not be penalized for filing a complaint. For more information, you may call the Benefits Office at 925-422-9955. As with all correspondence with the Plan Administrator called for in this Notice, you must identify both yourself and the Plan in which you participate in order to receive a response.